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APR 26 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/594,825
Applicant : Wallace, et al.
Filed : September 28, 2006
Title : Methods and Compositions for Pre-Symptomatic and Post-Symptomatic Diagnosis of Alzheimer's Disease and Other Neurodegenerative Disorders

TC/A.U. : N/A
Examiner : N/A

Docket No. : UCIVN-061US
Customer No. : 33197

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to fax number 571-273-8300, on the date indicated below.

Date: 4/26/07
By: [Signature]

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

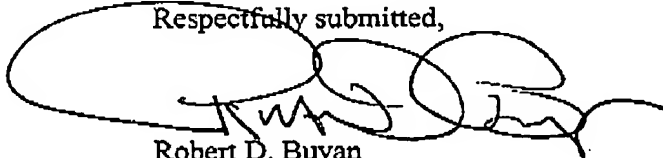
REQUEST FOR OFFICIAL FILING RECEIPT

Sir:

Applicant hereby requests for an Official Filing Receipt for the above-identified application. Applicant also requests that this application be associated with Customer Number 33197, as indicated in the originally filed application.

No fees should be due in connection with the filing of this request. However, if any fee is deemed necessary, the Commissioner is hereby authorized to charge any necessary fee to Deposit Account 50-0878.

Respectfully submitted,



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RDB:daz